The Nova Scotia Community Health Boards'

Survey

and

CHB Consensus Conference

Results and Recommendations

A Report Prepared for the
CHB Advisory Group by the
Nova Scotia Department of Health
March, 2000

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Acknowledgements

The CHB Advisory Group and the Department of Health would like to acknowledge the time and effort the Community Health Boards contributed to the consultation process. The quality of the discussions at the consensus conference is testimony to their ongoing commitment to improving community health.

A special thank you is extended to Conference Facilitator, Barbara Anderson and to small group facilitators Mary Blunden, Darlene Boliver, Rick Manuel, Patrick Mullaly, Mary Lou O'Neill, Helen Patriquin, Marilyn Pothier and Tony Storer who kindly donated their time and talents to the conference.

I. Introduction

Upon assuming office in July,1999, the Nova Scotia government stated that the province would:

> *"Legislate the authority of Community Health Boards to identify and plan programs to meet local priorities."*

Legislation for Community Health Boards (CHBs) is intended to give the boards the authority, credibility, and recognition they need to carry out their roles and responsibilities.

In addition, the government committed to having Community Health Boards select two-thirds of the board members of the new District Health Authorities which would replace the Regional Health Boards.

In response to government's commitment, the Community Health Board Advisory Group was established by the Department of Health in December, 1999. Its role is to assist the department in planning and implementing a consultation process with CHBs, to develop recommendations pertaining to the legislation, and to serve as a forum for discussing CHB issues. Advisory Group members include a CHB representative from each health region, a staff member from each of the Regional Health Boards, and staff from the Department of Health. (See Appendix 1 for Terms of Reference). The Advisory Group recommended a two-part consultation process consisting of a survey of all CHBs, followed by a CHB consensus conference to focus primarily on those issues identified by the survey results as requiring further resolution.

This report was prepared by support staff from the Department of Health and vetted through the CHB Advisory Group to ensure it reflects, as accurately as possible, the outcomes of the consultation process. It presents recommendations from Nova Scotia's Community Health Boards to the Minister of Health for his consideration.

II. Recommendations to the Minister of Health Arising from the CHB Consultation Process

The following recommendations represent topics on which the majority of CHBs agreed either through the survey, at the CHB consensus conference, or both. In some instances, discussions at the conference were different from the opinions expressed in the survey and in those cases, the conference discussions were accepted as the official CHB position.

Additional points which reflect the spirit of discussions of the full delegation at the conference have also been included in the recommendations, where appropriate.

Many important perspectives were shared through the survey and the conference. The complete details and results of both processes are presented in Appendix 2. This information provides a further source of advice on issues of importance to CHBs.

The first recommendation is the revised statement of the role and responsibilities of Community Health Boards. (See Appendix 2. Part B for the original role statement and the summary of the discussions).

Recommendations 2 to 16 are issues related to Community Health Boards and District Health Authorities that CHBs would like to have considered in the development of legislation, regulations, and/or policy.

Recommendation 1

CHBs recommend the following revised statement on the role and responsibilities of Community Health Boards:

Accountabilities

1. CHBs are accountable to the communities they serve for representing and advocating for the health and health care service needs of the community. They are also accountable to the DHAs for selecting two-thirds of the DHA members and for submitting community health plans to the DHA boards.

Mandate

To improve the health of communities through:

1. Planning for community-based health care services and the health of the community

2. Identifying and participating in ways to improve the overall health of communities using a primary health care approach that recognizes the broad determinants of health

3. Assisting the DHA in the evaluation of community-based health services

4. Participation in the evaluation of CHB performance and the design of the evaluation tool used

5. Participation in the evaluation of DHA performance.

CHB Role and Responsibilities

1. Planning for Community-Based Health Care Services and the Health of the Community

1.1 Compile information about the community to serve as the basis for community healths plan by:

a. constructing a community profile that describes the assets, gaps, barriers, and weaknesses of the community with respect to the broad determinants of health

b. completing and maintaining an inventory of community-based health services in the community

c. determine community health needs on a regularly scheduled basis.

1.2 Consult with the community in the preparation of community health plans for submission to the DHA. Community health plans should:

a. specify the priorities and recommendations for the community-based health services to be managed, funded, and delivered by the DHA

b. identify the priorities and recommendations for improving community health to be addressed by the DHA

c. specify the partnerships and initiatives for improving community health that CHBs will be engaged in.

2. Promoting Healthy Communities

2.1. Partner with individuals, groups, and organizations on ways to improve community health and promote capacity-building within the community.

2.2 Promote public education on health issues and an understanding of the health care system

2.3 Inform the public about CHB plans, initiatives, and performance.

3. Evaluation

3.1 Assist the DHA in the evaluation of community based health services

3.2 Participate in the evaluation of CHB performance

3.3 Participate in the evaluation of DHA performance.

Addendum

Definitions of Primary Care, Community-Based Health Care, and Primary Health Care are listed in Appendix 3.

Recommendations 2 to 5

CHBs recommend that consideration be given to the following District Health Authority issues:

Recommendation 2

On DHA Accountability:

A. DHAs are accountable to the Minister of Health and to the CHBs for providing appropriate support to CHBs to carry out their roles and responsibilities, for integrating community health plans into their business plans and for establishing effective communication mechanisms.

Recommendation 3

On DHA Membership:

A. DHA members should reside in the health district in which they serve.

B. Persons who are directly employed by one DHA should be permitted to serve on the board of another DHA provided they live in the district they serve.

C. The number of DHA employees serving on another DHA board should be limited to less than 1/4 of the DHA membership.

D. A person who is employed by an organization that is primarily funded but not governed by a DHA should be permitted to serve on that DHA board. Those individuals should also be able to serve on the board of another DHA. The number of these individuals should be limited to less than 1/4 of the board.

E. Physicians who have clinical privileges in a particular health district should be permitted to serve on the board of a DHA, including the one where they have clinical privileges, provided they reside in that district. Those physicians should be limited to less than 1/4 of the board.

F. An individual should be permitted to sit on the board of a DHA and a CHB during the same time period.

Recommendation 4

On Term of Office for DHA Members

A. The minimum term of office for DHA members should be 2 years and the maximum term 3 years.

B. DHA members should be able to apply to serve for a second term.

Recommendation 5

On Selection of DHA Members

A. The CHBs in a district will select residents who will comprise two-thirds of the DHA membership using an open and transparent process that is based on provincial criteria.

B. The number of persons selected by CHBs for the board of DHAs should be the same for all CHBs regardless of the population served by the CHB.

C. It is recommended that a selection committee comprised of CHB Chairpersons, or their designates, be established to coordinate the selection of the CHBs' portion of the DHA members.

Recommendations 6 to 12
CHBs recommend that consideration be given to the following Community Health Board issues:

Recommendation 6
On CHB membership criteria

A. The eligibility criteria for CHB members should be the same for all CHBs in the province providing there is flexibility for the CHBs to add to those criteria as needed.

B. CHB members should reside in the geographic area served by their CHB.

Recommendation 7
On Term of Office for CHB members

A. The term of office for CHB members should be a minimum of two years and a maximum of 3 years.

B. CHB members may apply to serve a second term of office.

Recommendation 8
On Selection of CHB members

A. All CHBs in the province should use province-wide eligibility criteria to select their members.

Recommendation 9
On the Number of Members on a CHB

A. A minimum of 10 members and a maximum of 15 members should serve on a CHB.

Recommendation 10
On Liability Coverage for CHBs

A. Legislation should ensure that CHB members are protected from legal action for damages while acting in good faith in carrying out their CHB duties.

Recommendation 11
On Conflict of Interest Guidelines

A. Conflict of interest guidelines should be developed for CHB members.

Recommendation 12
On Geographic Boundaries

A. There should be a process for revising geographic boundaries for CHBs once the boundaries are established.

Recommendations 13 to 16

CHBs recommend that consideration be given to the following DHA and provincial responsibilities to Community Health Boards:

Recommendation 13

Funding, Administrative and Staff Supports

A. CHBs should be supported in their work by DHAs. To this end, all CHBs in the province should be provided with an equitable amount of funding. Coverage for the cost of orientation and board member development programs is also required. Other supports should be provided, as necessary, including adequate staff to carry out the CHB mandate such as health planning and implementation, administrative, clerical, and coordination functions. Additional supports should also be provided, such as office space, telephone, fax, and a computer with internet access.

B. DHAs should provide CHBs in their districts with funding for reimbursement of the following expenses incurred by CHB members in the performance of their duties: dependent care, travel, meals, accommodations, and miscellaneous expenses such as long-distance telephone calls, faxes, and photocopies.

C. DHAs should include in their business plans defined funding which can be accessed by CHBs to enable them to work with their community partners on health promotion activities.

Recommendation 14

On Community Health Plans

A. CHBs recommend that:

- Community health plans be integrated into DHA business plans
- DHAs be required to use a formal process for reviewing community health plans
- DHAs engage the CHBs in a discussion of their community health plans
- DHAs be required to respond to CHBs on their community health plans in writing in a timely manner. Ongoing liaison between DHAs and CHBs should also be provided.
- Action be taken on community health plans and funds be designated for that purpose.
- DHAs work with CHBs and other partners to assist in implementing the community health plan.

Recommendation 15

On DHA and CHB Communication and Coordination

A. CHBs recommend that DHAs develop mechanisms to ensure good communication/ coordination among CHBs, DHAs, and the public, using the communication format best suited to their needs. Suggestions include:
   - DHAs assign a senior staff person to act as a liaison and help facilitate the work of all CHBs in a district and promote the two-way flow of information
   - Council of CHB Chairs be established in each district
   - DHAs should meet regularly with CHBs
   - DHAs and CHBs have open meetings with the exception of "in-camera" sessions
   - CHB issues be placed on DHA agendas
   - CHB members be invited to sit on DHA committees
   - DHAs and CHBs share minutes and information on a timely basis
   - DHAs prepare regular progress reports for circulation to CHBs
   - DHAs prepare an annual report that includes an update on CHB progress
   - DHAs look for opportunities to support CHBs in partnerships on the broad determinants of health and to assist CHBs in their efforts.

Recommendation 16

On Provincial Supports for CHBs

A. Province-wide supports should be provided to CHBs. These could include a newsletter, annual conference, and a provincial web-site.

III. Appendices

Appendix 1

CHB Advisory Group – Terms of Reference

The purpose of the CHB Advisory Group is to:

a. Establish a process to involve Community Health Boards in the development of recommendations for legislation pertaining to CHBs

b. Assist the Department of Health in planning and implementing the consultation process identified in (a) above

c. Serve as a forum to discuss and provide advice on issues related to CHBs during the transition to the new health system structure

Goals

In order to fulfill its mandate, the Advisory Group will:

a. Confirm the roles, responsibilities, and accountabilities of the CHBs

b. Determine and recommend the process to be used by CHBs for their selection of 2/3 DHA members

c. Identify and make recommendations to DoH on the content of CHB legislation

d. Identify and make recommendations on other matters such as formal supports that CHBs need to carry out their mandates

Authority

Nova Scotia Department of Health

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To Barbara Hall, Director of the Transition Team

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Appendix 2

Consultation Process

Part A - Nova Scotia Community Health Boards Survey

Introduction

The *Nova Scotia Community Health Boards Survey - January, 2000* consisted of 52 questions on various issues pertaining to Community Health Boards and District Health Authorities. Many of the questions related to the composition of the DHA boards and the process the CHBs will use to select two-thirds of the District Health Authority members.

Surveys were distributed to each of the thirty-four CHBs and all surveys except one were completed and returned by the deadline. Community Health Board representatives consulted with approximately seventy-five percent of their members when they prepared the survey responses.

Survey Results

Nova Scotia Community Health Boards Survey
January, 2000

Summary of Results

Number of surveys sent = 34

- **Total # of surveys completed = 33**
- **Some questions were not answered.**
- **Most results are reflected as the number of YES or NO responses / number of CHBs that completed the question**

Appendix 2

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Part A - Nova Scotia Community Health Boards Survey

Introduction

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- **Most results are reflected as the number of YES or NO responses / number of CHBs that completed the question**

PART A: Your Community Health Board

1 **What is the name of your Community Health Board (CHB)?**

N/A

2 **How many members currently sit on your Community Health Board?**

Average = 12 *(32 boards responded to this question)*

3 **When preparing responses to this questionnaire, how many of your Community Health Board members were consulted?**

Average = 9 (32 boards responded to this question)

PART B: District Health Authority Membership

Eligibility for Board Composition and Selection

The next 25 questions ask about eligibility requirements for board composition, and the process used to select members to the governing boards of District Health Authorities (DHAs). It is recognized that a DHA board can ask any DHA staff member to attend board meetings in a non-voting, ex-officio capacity. (i.e. CEOs)

4. **Should it be mandatory for members of the governing boards of DHAs to reside in the health district which they serve?**
   ☐ **Yes** (32/32) ☐ **No** (0/32)

5. **What is the rationale for your answer to question number 4? (Please specify on the spaces provided below and continue on the back of the page if necessary.)**

Yes:

Greater understanding of the needs and issues of district (26)

Know the people and the district better (18)

Greater acceptance by community (12)

Members would have vested interest in DHA decisions (9)

Greater accountability (7)

6 **Should persons who are directly employed by a District Health Authority (DHA) be permitted to serve on the board that employs them?**
☐ **Yes** (18/31) ☐ **No** (13/31)

7 **Should persons who are directly employed by one DHA be permitted to serve on the governing board of another DHA if they qualify in all other respects?**
☐ **Yes** (19/30) ☐ **No** (11/30)

8. **Should a limit be placed on the number of persons directly employed by DHAs who can serve on a DHA governing board?**
☐ **Yes** (28/28) ☐ **No** (0/28)

If you answered No, go to question #10. If you answered Yes, please answer the following question.

9. **What should the limit be?**
☐ **less than one quarter of total board members** (13/24)
☐ **one quarter (¼) of total board members** (4/24)
☐ **one third (⅓) of total board members** (1/24)
☐ **other** (6/24)
(No common responses under other)

10. **Should a person who is employed by an organization that is primarily funded but not governed by a DHA be permitted to serve on the governing board of that DHA?**
☐ **Yes** (23/32) ☐ **No** (9/32)

11. **Should a person who is employed by an organization that is primarily funded but not governed by a DHA be permitted to serve on the board of another DHA? (That is, not the DHA from which the employer organization receives its funding.)**
☐ **Yes** (26/32) ☐ **No** (6/32)

12. **Should a limit be placed on the number of DHA members who are employed by organizations primarily funded but not governed by DHAs?**
☐ **Yes** (27/28) ☐ **No** (1/28)

If you answered No, go to question #14. If you answered Yes, please answer the following question.

13. **What should the time limit be?**
☐ **less than one quarter (¼) of total board members** (16/25)
☐ **one quarter (¼) of total board members** (4/25)
☐ **one third (⅓) of total board members** (1/25)
☐ **other** (4/25)
(No common responses under other)

14. **Should a physician who has been granted clinical privileges in a particular health district be permitted to serve on the DHA governing board for that district?**
☐ **Yes** (27/31) ☐ **No** (4/31)

15. **Should a physician who has been granted clinical privileges in a particular health district be permitted to serve on the governing board of a DHA in a different district?**
☐ **Yes** (23/32) ☐ **No** (9/32)

16. **Should a limit be placed on the number of physicians with clinical privileges in a health district who can serve on a DHA governing board?**
☐ **Yes** (29/30) ☐ **No** (1/30)

If you answered No, go to question #18. If you answered Yes, please answer the following question.

17. **What should the limit be?**
☐ **less than one quarter (¼) of total board members** (19/30)
☐ **one quarter (¼) of total board members** (1/30)
☐ **one third (⅓) of total board members** (0/30)
☐ **other** (10/30)

18. **Should a person who is directly employed by the Department of Health be permitted to serve on a DHA governing board?**
☐ **Yes** (16/31) ☐ **No** (15/31)

19. **Should a limit be placed on the number of persons employed by the Department of Health who can serve on a DHA governing board?**
☐ **Yes** (22/24) ☐ **No** (2/24)

If you answered No, go to question #21. If you answered Yes, please answer the following question at the top of the next page.

20. **What should the limit be?**
☐ **less than one quarter (¼) of total board members** (15/23)
☐ **one quarter (¼) of total board members** (1/23)
☐ **one third (⅓) of total board members** (0/23)
☐ **other** ***(No common responses under other)*** (7/23)

21. **How long should the minimum term of office for DHA members be?**
☐ **1 year** (3/32)
☐ **2 years** (23/32)
☐ **3 years** (5/32)
☐ **4 years** (0/32)
☐ **other** (1/32)

22. **How long should the maximum term of office for DHA members be?**
☐ **1 year** (0/32)
☐ **2 years** (3/32)
☐ **3 years** (11/32)
☐ **4 years** (12/32)
☐ **other** (6/32) *(confusion around # of consecutive terms)*

23. **The process for selecting DHA board members should be:**
☐ **the same throughout the province** (23/33)
☐ **the same within individual districts** (2/33)
☐ **up to each CHB to decide** (6/33)
☐ **other (Please specify)** (2/33)

24. What method should CHBs use to select DHA members?

Various combinations of the following steps were suggested:

Advertise to seek expressions of interest from the public

Develop Selection Criteria

Candidates interviewed by committee outside CHB and recommendations are

forwarded to CHB for decision or

Interview and selection made by a joint committee of District CHBs or

CHB Selection Committee Decides or

Select from among CHB members or

Public meeting to nominate and vote for representatives

25. What steps should be taken when the <u>first DHA boards are being appointed</u> to ensure the membership composition of the DHA boards is balanced? (i.e. gender, experience, background, etc.)

☐ **a committee comprised of the District CHBs should be established for that purpose** (14/31)
☐ **each CHB would independently select its own representatives** (14/31)
☐ **other** (3/31)

26. Once the <u>first DHAs have been appointed</u>, what steps should be taken to ensure the membership composition of the DHA boards remains balanced? (i.e. gender, experience, background, etc.)

☐ **a committee comprised of District CHBs should be established for that purpose** (14/32)
☐ **each CHB would independently select its own representatives** (10/32)
☐ **a committee of DHA board members is established for that purpose** (1/32)
☐ **other** (7/32) *Other (no common responses)*

27. The number of persons selected by CHBs for the governing board of DHAs should be:

☐ **proportional to the population served by the CHB** (8/32)
☐ **same for all CHBs regardless of the population served by the CHB** (21/32)
☐ **other** (3/32)

28. What is the rationale for your answer to Question number 27? (Please specify on the spaces provided below and on the back of this page if necessary)

A) Proportional to the population served by the CHB: (no common responses)

B) Same for all CHBs regardless of the population served by the CHB:

Equal voice for small, often rural, communities (11)

All CHBs are of equal importance (7)

Perspective of DHA could be influenced if numbers are not balanced (7)

C) Other (no common responses)

PART C: Community Health Boards

Eligibility

The next 6 questions ask about the eligibility criteria for CHB members.

29. Should it be mandatory for CHB members to reside in the geographic area served by their CHB?

☐ **Yes** (30/32) ☐ **No** (2/32)

30. Should the eligibility criteria for CHB members be the same for all CHBs in a district?

☐ **Yes** (24/33) ☐ **No** (9/33)

31. Should the eligibility criteria for CHB members be the same for all CHBs in the province?

☐ **Yes** (21/33) ☐ **No** (12/33)

32. What should the minimum term of office for CHB members be?

☐ **1 year** (3/32)
☐ **2 years** (26/32)
☐ **3 years** (2/32)
☐ **4 years** (0/32)
☐ **other** (1/32)

33. What should the maximum term of office for CHB members be?

☐ **1 year** (0/32)
☐ **2 years** (3/32)
☐ **3 years** (12/32)
☐ **4 years** (12/32)
☐ **other** (5/32)

34. How many consecutive terms of office should CHB members be permitted to hold?

- ☐ **none** (0/32)
- ☐ **2** (24/32)
- ☐ **3** (2/32)
- ☐ **other** (6/32)

Board Composition and Selection

The next 7 questions ask about CHB composition and the process used to select CHB members.

35. Should CHBs have designated seats to ensure diversity of representation?

☐ **Yes** (7/32) ☐ **No** (25/32)

36. If you answered 'yes' to question number 35, please indicate which seats you feel should be designated. (Please specify below and use the back of this page if necessary)

Yes: Designated seats for: Age (6),

Ethnicity (3)

Gender (3)

37. What is the minimum number of members that should serve on a CHB?

- ☐ 5 (0/32)
- ☐ **6** (0/32)
- ☐ **7** (4/32)
- ☐ **8** (8/32)
- ☐ other (20/32) ***(Ten CHBs said 10, Four said 12)***

38. What is the maximum number of members that should serve on a CHB?

- ☐ **10** (0/32)
- ☐ **11** (0/32)
- ☐ **12** (2/32)
- ☐ **13** (0/32)
- ☐ **14** (7/32)
- ☐ **other** (23/32) ***(seventeen CHBs said 15, three said 16)***

39. Should all CHBs in a district use the same process to select their members?

☐ **Yes** (20/32) ☐ **No** (12/32)

40. Should all CHBs in the province use the same process to select their members?

☐ **Yes** (19/33) ☐ **No** (14/33)

If you answered No to question #39 or #40 go to Question #42. If you answered Yes, please answer the following question.

41. What method of selecting CHB members would you recommend? (Please specify below and continue on the back of the page if necessary).

Various combinations of the following steps were suggested:

Advertise / Recruit

Criteria developed

Applications accepted/screened/interviewed (internal or external selection committee)

CHB Committee selects members or

Select at public meeting - DHA approves appointments

CHB Supports

The next 2 questions ask about the type of supports required by CHBs.

42. What type of supports (i.e. financial, staff, office, etc.) would CHBs need to carry out their roles and responsibilities?

Administrative Support (31) (Shared DHA support staff for CHBs such as

community health coordinator, administrative assistant, research support, etc.)

Annual Budget (22)

Permanent Office and Meeting Sites (18)

Technical Equipment (16)

Funds for Healthy Communities and other Projects (11)

Funds for Training (5)

43. What type of expenses should be covered for CHB members related to their work on CHBs? (Please specify below and continue on the back of the page if necessary)

Travel (32)

Meals (25)

Dependent Care (20)

Phone / Fax Bills (16)

Accommodation (14)

Professional Development (14)

Honorarium (6)

Other CHB Issues

The next nine questions ask about a variety of other CHB issues.

44. Should legislation ensure that CHB members are protected from legal action for damages while acting in good faith in carrying out their CHB duties?

☐ **Yes** (32/32) ☐ **No** (0/32) ☐ **Not Sure** (0/30)

45. Should conflict of interest guidelines be developed for CHB members?

☐ **Yes** (32/32) ☐ **No** (0/32) ☐ **Not Sure** (0/30)

46. What entity should approve the official name of a CHB?

☐ **District Health Authority Board** (11/32)
☐ **Minister of Health** (8/32)
☐ **other** (13/32) **CHB itself (9)**

47. Should there be a process for revising geographic boundaries for CHBs, once the boundaries are established?

☐ **Yes** (29/32) ☐ **No** (3/32)

48. Should an individual be permitted to sit on a CHB and a DHA during the same time period?

☐ **Yes** (30/33) ☐ **No** (3/33)

49. What is the rationale for your answer to question number 48? (Please specify below and on the back of the page if necessary)

Yes: Better communication with CHBs, DHAs, and DOH (23)

Enhances understanding and accountability between CHBs and DHAs (10)

Ensures community needs are reflected or addressed in regional business plan (8)

Provides continuity (6)

No:

Conflict of interest (2)

Not enough time (2)

50. What mechanism would you recommend to ensure that community health plans, advice, issues, and recommendations receive appropriate consideration and action by DHAs?

Community Health Plans:

Community health plans must be incorporated into Regional Business Plans

DHAs require formal process to review community health plans

DHAs should respond in writing to CHBs on community health plans

Community health plans must be acted upon and funds should be designated for that purpose

Communication/Coordination:

DHAs & CHBs must share minutes and info on timely basis

DHAs should have open meetings

DHAs should visit/meet with CHBs and hold regular meetings with Chairs

Council of CHB chairs should be established in each region

CHB members should be invited to sit on DHA committees

DHAs should prepare regular progress reports

DHAs should prepare Annual Report

CHB issues should be placed on DHA agenda

Staff person from DHAs should act as liaison with CHBs

51. We realize that it may have been difficult for you to reach consensus on some questions. Please write the numbers of any particularly controversial questions below and these can be discussed more fully at the consensus conference.

Five CHBs said Question # 9 was difficult to reach consensus on.

Other questions that were difficult to reach consensus on varied from one CHB to another.

52. If there are any other issues that you feel require discussion, please specify them below.

Role of CHBs: (6)

Communication from DHA to CHB: (3)

Need to develop criteria for DHA and CHB membership selection (2)

Part B - CHB Consensus Conference

Introduction
The CHB Consensus Conference was held on February 11 and 12, 2000 in Dartmouth. Each CHB was invited to send two representatives. The steering committees working to establish three new CHBs in Cape Breton also sent representatives.

The purpose of the conference was to provide the CHB representatives with an opportunity to discuss the roles and responsibilities of Community Health Boards and to reach consensus on other CHB- related issues, many of which were already brought to their attention in the survey.

(i) Results of Discussions on Friday

During the first part of the conference on Friday night, participants were divided into small groups and asked to comment on the draft statement of CHB roles and responsibilities that Department of Health staff had prepared. The draft role statement was intended to clarify previous descriptions of CHB roles and responsibilities that were developed before the CHBs were fully established. A summary of the discussions that led to the revised statement in Recommendation 1 follows the original draft role statement outlined below.

Original Statement on the Role and Responsibilities of Community Health Boards
Draft: February 11, 2000

Context
The following is an interpretation of the role and responsibilities of CHBs as stated in the 1997 policy document Accountability in Nova Scotia's Health System. It attempts to clarify the wording in light of four years experience with CHBs, and it is consistent with the important role the government has envisioned for Community Health Boards. This interpretation is meant to serve as a background for discussion on the future role of CHBs in the restructured health care system in Nova Scotia.

Reporting Relationship
- CHBs are accountable to DHAs for carrying out their roles and responsibilities.

CHB Role
- To improve the health of communities through planning for community-based health care services and by identifying and participating in ways to improve the overall health of communities.

CHB Responsibilities

1. **Community Health Planning**
   - 1.1 Engage the community in compiling information about the community to serve as the basis for a community health plan:
     a. community health needs assessment
     b. inventory of community-based health services in the community
     c. community profile that describes the characteristics and assets of the community
   - 1.2 Involve the community in the preparation of a community health plan comprised of the following components for submission to the DHA:
     a. priorities and recommendations for the community-based health services to be managed, funded, and delivered by the DHA
     b. priorities and recommendations for improving community health

2. **Promoting Healthy Communities**
   - 2.1. Take a leadership role in community initiatives designed to address the determinants of health.
   - 2.2 Participate with other individuals, groups, and organizations in initiatives designed to improve community health
   - 2.3 Encourage community members to participate in the development of the community health plan
   - 2.4 Assist in public education about health and the health care system
   - 2.5 Inform the public about CHB performance

3. **Evaluation**
   - 3.1 Assist the DHA in the evaluation of community based health services
   - 3.2 Participate in the evaluation of CHB performance

Summary of Discussions on the Original Role Statement

Participants were asked to suggest changes to the statement and to point out areas that required clarification. All the points on which the majority of groups agreed were included in the revised statement. Other comments were incorporated, as appropriate.

On Reporting Relationship

CHBs are accountable to DHAs for carrying out their roles and responsibilities.

Suggested Changes:Reporting Relationship

- CHBs should be accountable to DHAs and to communities *(agreed to by the majority)*
- DHAs and CHBs are accountable both ways
- CHBs are accountable first to the community

Points of Clarification: Reporting Relationship

- Which DHAs are CHBs accountable to?
- Are DHAs also accountable to CHBs?
- Are CHBs and DHAs accountable both ways?
- Are CHBs advisory to (accountable to) DHAs?
- Aren't CHBs accountable to the community versus the DHAs?
- Will other boards, such as the tertiary hospitals in Halifax have relationships to CHBs

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On CHB Role

To improve the health of communities through planning for community-based health care services and by identifying and participating in ways to improve the overall health of communities.

Suggested Changes:CHB Role

- Include reference to CHBs selecting 2/3 of DHA members *(agreed to by the majority)*
- There should be a clear view of the authority/visibility of CHBs
- Role is too narrow. It's focused on health services...should be on the determinants of health
- Remove "care services and" from role statement
- Leadership role needs clarification–what does it mean? It's important, but needs to be defined
- Should be a relative balance between health services and planning for health in the community (Determinants of Health) in the role.

On CHB Responsibilities

1. ***Community Health Planning***
   - ***1.1 Engage the community in compiling information about the community to serve as the basis for a community health plan:***
     - ***a. community health needs assessment***
     - ***b. inventory of community-based health services in the community***
     - ***c. community profile that describes the characteristics and assets of the community***

Suggested Changes: Community Health Planning - 1.1

- The term "community-based health care" must be defined *(agreed to by the majority)*
- Reference should be made to primary health care *(agreed to by the majority)*
- Need to see clarity about the community health plan. This is the major piece.
- We want to get on with our tasks as identified in our community health plans. Don't thwart our progress so others can catch up.
- Planning should include "ongoing"
- "Primary" has been removed and replaced with community (that's a good thing)
- In 1.1, drop "engage the community"

1. ***Community Health Planning***
   - ***1.2 Involve the community in the preparation of a community health plan comprised of the following components for submission to the DHA:***
     - ***a. priorities and recommendations for the community-based health services to be managed, funded, and delivered by the DHA***
     - ***b. priorities and recommendations for improving community health***

Suggested Changes: Community Health Planning 1.2

- Need to see reference to resources for CHBs to do their work
- Need to outline the funding needed by CHBs. Will the funding come from the DHAs?
- What resources will CHBs have? How will decisions be made re allotment?
- Need funding and supports to do community health plans.
- Need to see reference to resources for CHBs to do their work
- Need funding and supports to do community health plans.

Points of Clarification: Community Health Planning 1.2

- In 1.2 a., what role do CHBs have in regards to the health care services to be managed, funded, and delivered by the DHA?
- Will CHBs carry out the community health plans? If not, why do the plans?
- What resources will CHBs have? How will decisions be made re: allotment?

2. ***Promoting Healthy Communities***
   - ***2.1. Take a leadership role in community initiatives designed to address the determinants of health.***
   - ***2.2 Participate with other individuals, groups, and organizations in initiatives designed to improve community health***
   - ***2.3 Encourage community members to participate in the development of the community health plan***
   - ***2.4 Assist in public education about health and the health care system***
   - ***2.5 Inform the public about CHB performance***

Suggested Changes: Promoting Healthy Communities

- In 2.4, use a proactive word such as promote, facilitate or advocate for *(agreed to by majority)*
- The CHBs role in community capacity building should be mentioned
- In 2.2, change wording to "participating in ways to improve.." Also, instead of "participate with", mention should be made of facilitating the work of community-based groups including the role of coordinating their efforts. Also, change word "participate" to "partner with".
- In 2.3, change wording to "participate in and update" the community health plan

Points of Clarification: Promoting Healthy Communities

- What is CHB role/responsibility to community development or responsibility to our community regarding health?
- In 2.1, clarify what is meant by "Leadership". Leadership in what? Would it include responsibility for program delivery such as Meals on Wheels?

- What is CHB role/responsibility to community development or responsibility to our community regarding health?

3. ***Evaluation***
   - ***3.1 Assist the DHA in the evaluation of community based health services***
   - ***3.2 Participate in the evaluation of CHB performance***

Suggested Changes: Evaluation
- CHBs should be involved in DHA evaluation *(agreed to by the majority)*
- Need to indicate evaluation in result oriented terms

Points of Clarification: Evaluation
- In 3.1, clarify what the evaluation process would consist of. Who does it? Is it the health plan objectives? Also, how would CHBs evaluate (even assist) in the evaluation of community health programs? Should CHBs assist or advise DHAs in the process?
- In 3.2, there should be evaluation criteria. Also, CHBs should not "participate" but actually evaluate.

Other Comments

Comments and Questions arising from discussions on the Statement of Roles and Responsibilities
- Liability insurance issues (care for volunteers)
- What is the government's definition of core services?
- Need a mechanism to have consultation on new programs and services "brought to area" to prevent duplication (gate-keeper) and improve efficiencies
- Require clearly defined roles for both DHAs and CHBs describing how they interact and integrate
- Be sure to explain the difference between the role of DHAs and CHBs
- What are the limitations and involvement of CHBs in institutional issues?
- What communication will CHBs have with DOH, such as appeal process, copies of recommendations, concerns?

(ii) Results of Discussions on Saturday

Summary of Discussion on Selected Survey Questions

On Saturday, during the second part of the conference, participants were asked to select questions from the survey, or elsewhere, to discuss in small groups. The discussions were intended to determine the level of agreement among CHB members on the questions.

The following are the survey questions selected by the groups for discussion and the resulting responses from the conference. The results indicate that:

- Questions 40 and 43 received the same level of support at the conference as they did in the survey
- Questions 6 and 18, when discussed at the conference, contradicted the survey results
- Questions 25, 42, and 50, which could be described as information-seeking questions, provided additional responses to those obtained in the survey.

Survey Question 6
Should persons who are directly employed by a *District Health Authority* (DHA) be permitted to serve on the board that employs them?

Responses in Survey
Yes 18/31 No 13/31

Responses at Consensus Conference
There was no majority support in the small group discussion at the conference unlike the majority "yes" response on the survey. The four groups who responded "yes" felt that the expertise of health care providers would be a valuable resource to the DHAs. One group cited the fact that hospital employees currently sit on CHBs. Two groups noted that even though they are an employee, they will first be a member of the community and as citizens they have a right to have a voice. Most agreed that if a DHA employee sat on the Board they could not be in a management or senior position with the organization. Two groups responded that the total number of employees should be limited through guidelines. Two groups responded that employees should serve in an advisory, non-voting capacity.

The four groups who responded "no" cited conflict of interest as the main reason. However, one group felt that conflict of interest guidelines should address this concern.

Singular Responses

- Concern about how the community will perceive employees of DHAs as members of the DHA
- Limit number of physicians

Survey Question 18

Should a person who is directly employed by the *Department of Health* be permitted to serve on a DHA governing board?

Responses in Survey

Yes 16/31 No 15/31

Responses at Consensus Conference

The majority of groups at the conference indicated they did not support the "yes" response on the survey. Three groups responded "no" as it is perceived as conflict of interest to have DoH staff sit as members of the DHA. It was noted that DoH employees may not be objective.

The issue of government orientation as opposed to community orientation was noted by two of the groups who were opposed to having DoH employees as members of the DHA.

The remaining five groups had a split decision within their groups. Three groups responded that guidelines should be set to limit the number of DoH employees (to 1/4 of the total DHA composition in the case of one group). Two of the groups gave the proviso that no one in a bureaucratic or management position should be a member of a DHA (i.e., they should not have decision-making authority). Two groups responded that DoH employees should serve in an advisory capacity only. Two of the split decision groups that responded "yes" cited reasons that limiting the number of DoH employees would reduce the potential of the membership and would discriminate against certain segments of the population. One group responded that a balance is required between health services expertise (e.g., physicians, nurses, other health care providers, and other community representatives such as consumers).

Singular Responses

- Limit number of physicians
- DoH employee should reside in the area the DHA serves
- Draft legislation would help this process

Survey Question 25

What steps should be taken when the first DHA boards are being appointed to ensure that the membership composition of the DHA is balanced? (i.e. - gender, experience, background, etc.)

Responses in Survey

- A committee comprised of the District CHBs should be established for that purpose (14/31)
- Each CHB would independently select its own representatives (14/31)
- Other (3/31)

Responses at Consensus Conference
The majority of respondents felt that the CHBs in each district should play a key role in selecting DHA members based on provincial criteria.

Three groups reported that there should be at least one representative from each CHB in the district. Three groups suggested having a selection committee comprised of CHB members select first DHAs. Two groups reported that clear selection criteria and consistent qualification criteria be established. The majority of groups responded that every attempt should be made to ensure equal geographic and demographic, i.e., age, gender ethnicity, representation within the district served.

Two groups, however, responded that the criteria should focus on the best person to do the job and not demographic balance. It was noted that the selection committee will be faced with the challenge of finding the candidates who meet the criteria. Three groups responded that the Minister's selection of remaining one-third DHA members will provide balance in the DHA membership.

Singular Responses
- Consider using current process used in Central Region for CHBs
- Diversity should be valued but not legislated
- Recognize each community as unique
- Have an open process: either a public call with a selection committee from CHBs or have an election process after the public call (possible tie to school board)
- Rural CHBs need higher than per capita representation
-

Survey Question 40
Should all CHBs in the province use the same process to select their members?

Responses in Survey
Yes 19/33 No 14/33

Responses at Consensus Conference
The majority of groups at the conference indicated they supported the "yes" response on the survey. Five groups responded that they felt the process for CHB selection of DHA members should be standardized across the province. Four groups responded that there needs to be some flexibility in criteria to address local community needs. One of these groups recommended standard principles that allow for local community needs. One group added the proviso that the process should identify various options through which CHBs select their members.

Three groups responded "no". One group suggested the CHBs should be allowed to decide how to select their own members provided guidelines are in place to ensure fair representation. A second group recommended that each CHB determine their own process but that baseline criteria for the membership should be formed.
A third group suggested that each CHB uses its own selection process based on experience.

Survey Question 42

What type of supports (i.e. - financial, staff, office, etc.) would CHBs need to carry out their roles and responsibilities?

Responses in Survey

- Administrative Support (31) (Shared DHA support staff for CHBs such as community health coordinator, administrative assistant, research support, etc.)
- Annual Budget (22)
- Permanent Office and Meeting Sites (18)
- Technical equipment (16)
- Funds for healthy communities and other projects (11)
- Funds for training (5)

Responses at Consensus Conference

Staffing Support

The majority of groups at the conference agreed that there was a need for staff support. The majority (six groups) requested CHB staff supports including clerical and project / planning and coordination support which could be shared among the CHBs. Within the category of administrative support, two groups requested an administrative assistant to help implement the plans. One group requested a Community Development Coordinator (Community Health Liaison) to be funded by the DHA and answerable to the CHBs. The majority indicated that they wanted a consistent level of resource support from DHAs to CHBs throughout the province.

Funding

The majority of groups at the conference indicated they supported the need for funding to CHBs. The majority (seven groups) requested that each CHB be given the same budget to work from. Six groups requested funding for board member development including orientation and board education programs. Three groups requested funding for CHBs, and seed money for community projects. Two groups stated that CHBs need discretion as to how to spend funds money for research, health promotion and education; money for bringing CHBs in the province together for education, policy development, etc.

Singular Responses:

- Funding should be on a per capita basis
- Funding should be based on needs, not per capita
- Need Community Development support to sustain programs such as Heart Health, Sharing Strengths, etc. when DoH grants end.

Administrative Supports

The majority of groups at the conference indicated they supported the need for administrative supports. The majority (seven groups) requested office space and five groups requested funding for telephone, fax, computer with Internet capability, and a toll-free telephone line.

Singular Responses

- Meeting space
- The following points all involve some aspect of shared service arrangements:
  - community health centres could be used for meeting space
  - space and services could be shared
  - existing community resources could be used for training
  - examine opportunities to work with other community groups to build community capacity.

Survey Question 43

What type of expenses should be covered for CHB members related to their work on CHBs?

Responses in Survey

- Travel (32)
- Meals (25)
- Dependent Care (20)
- Phone / Fax Bills (16)
- Accommodation (14)
- Professional Development (14)
- Honorarium (6)

Responses at Consensus Conference

Reimbursement for Expenses

The majority of groups at the conference indicated they supported reimbursement for expenses. The majority (six groups) requested that CHBs be reimbursed for the following expenses: dependent care (i.e. - care for children, elderly, and disabled); travel expenses at the prevailing government rate; allowance for meals and accommodations; communications allowance to cover telephone calls, faxes, e-mails, photocopies, etc. Five groups stated board training and education. Three groups requested office supplies and liability coverage.

Singular Responses

- Ensure reimbursement is a provincial standard
- If there is compensation for time required to be taken off work to attend CHB functions it should be made a provincial policy and capped.

Honorarium

The majority of groups at the conference indicated they did not support the payment of an honorarium for serving on CHBs Seven groups responded that no honorarium should be provided. One group had no consensus on this issue.

Survey Question 50

What mechanisms would you recommend to ensure that community health plans, advice, issues, and recommendations receive appropriate consideration and action by DHAs?

Responses in Survey

- Community health plans must be incorporated into Regional Business Plans
- DHAs require formal process to review community health plans
- DHAs should respond in writing to CHBs on community health plans
- Community health plans must be acted upon and funds should be designated for that purpose
- DHAs and CHBs must share minutes and info on timely basis
- DHAs should have open meetings
- DHAs should visit / meet with CHBs and hold regular meetings with Chairs
- Council of CHB chairs should be established in each region
- CHB members should be invited to sit on DHA committees
- DHAs should prepare regular progress reports
- DHAs should prepare Annual Report
- CHB issues should be placed on DHA agenda
- Staff person from DHAs should act as liaison with CHBs

Responses at Consensus Conference

The majority of groups at the conference indicated they supported the following mechanisms to ensure that community health plans, advice, issues, and recommendations receive appropriate consideration and action by DHAs: DHAs and CHBs share minutes and information on a timely and ongoing basis; DHAs engage CHBs in a discussion of their community health plans and how these would be integrated into District Business Plans; DHAs respond to CHB plans in a timely manner and include ongoing liaison.

Two groups requested that DHA annual reporting to the public include CHB progress. They also suggested that the community receive a report from the CHB (the process to be determined by the CHB), that a provincial CHB newsletter be circulated for sharing ideas, etc., and that DHAs have open meetings with exceptions for "in camera" sessions. One group responded that legislation should require that plans be acted upon.

Singular Responses

Regarding Community Health Plans:

- Community health plans should be shared openly
- DHAs should be given 30-60 days to respond to community health plans
- Community health plans should provide guiding principles for DHAs' delivery of primary care and other determinants of health
- DHAs should fund and resource the community health plans
- Evaluation of DHA performance should include some evidence that they have included community health plans in strategic plans with evidence of action and/or consideration

Regarding Issues Other Than Community Health Plans:

- CHBs should report annually to DHAs on accomplishments, challenges, etc.
- CHBs' input into the development of the DHA business plan should be legislated
- CHB members should be invited to sit on DHA committees
- A council of CHB chairs should be established in each region and should have an annual meeting with DHA members
- The mission statement of the DHA must incorporate that of the CHB
- DHAs should meet with CHBs and hold regular meetings with CHBs chairs
- CHBs need communication with DoH and DHAs, and a staff person from DHAs should act as liaison with CHBs
- The minutes of DHA and CHB meetings should be shared with the community.

Appendix 3

Definitions of Primary Care, Community-Based Health Care, and Primary Health Care

Primary Care
Primary care is defined as the individual's or family's initial and continuing contact with the health care system. Primary care services include health promotion and disease prevention, acute episodic care, continuing care of chronic conditions, education and advocacy.

Source: *Strengthening Primary Care: An Evaluation Initiative* - Background Document - April, 1999, and
Nova Scotia Department of Health Primary Care - 1999 - page 5

Community-Based Health Care
Those health care services based in the community to support individuals and families as close to home as possible. The term implies community involvement in planning for health care services.

In addition to primary care, community based health care services include basic diagnostic services, mental health, home care, emergency care, long term care, addictions services, public health, and a variety of therapeutic services as determined by community need and availability of resources.

Primary Health Care
A belief that health is determined by all aspects of a person's life rather than by the health care services provided to them.

Determinants of health include factors that affect health, including income and social status, social support networks, education, employment, physical environmental, inherited factors, personal health practices and coping skills, healthy child development, and health care services (including primary care services). These factors are the building blocks of a healthy community.

Source: *To Our Good Health: An Introduction to Community Health Boards*, Nova Scotia Department of Health